## **Appendix A: Literature Review**

Author / Title / Journal / Year	Type of Study	<b>Outcomes Studied</b>	Patient Characteristics	Results	<b>HCFA Comments</b>
Choffie M, Duarte L / Low intensity pulsed ultrasound and effects on ununited fracture / Presented at Orthopaedic Health Conference, Sao Paulo, Brazil / 1994	Case Series	Clinically healed (weight-bearing without pain) and Radiologically healed (bridging of three cortices)	86 non- or delayed unions (64 male/22 female) Mean age 37 years (12-80) 26 were > 9 months post-fracture (nonunion) Once ultrasound was started, no surgical procedures were performed.  Device was applied to fracture site 20 minutes daily.	100% of nonunions healed with an average heal time of 3.4 months. Overall success rate (healed) was 91%.  Results were stratified based on fracture site (scaphoid, femur, tibia, humerus, radius, ulna), type of internal fixation, presence of infection, and prior bone graft, for all 86 cases. No significant differences in terms of heal rates were cited.	Authors only indicate that no surgical procedures were performed at the same time as the ultrasound treatment, but they do not exclude patients with recent surgery before the ultrasound therapy. Therefore, one cannot make certain that a surgery near the start date of treatment did not affect the outcome.  Patients were treated between 1979-1985 but this data was reported in 1994. This seems to be an unusually long delay from completion of study to reporting of results.  Limited statistical analysis. Significant age range of patient population; did not do any subgroup analyses for older patient populations.  No specific inclusion criteria, with the exception of the 9 month fracture age, were determined for nonunion.

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Duarte LR, Xavier CA, Choffie M / Review of nonunions treated by pulsed low-intensity ultrasound / Presented at International Society of Orthopedic Surgery and Traumatology 20th World Congress / 1996	Case Series	Clinically healed (no pain upon stress or palpation) and Radiographically healed (3 of 4 bridged cortices)	380 pseudoarthroses Mean age =40 yrs (3-83) Male/Female =251/129  Only fracture > 6 months were included.  Fractures with gap > 1 cm were excluded.	324/380 (85.2%) healed both clinically and radiographically. Avg heal time was 77 days.  Results were stratified based on bone type (tibia, femur, radius, ulna, scaphoid, and clavicle) with varying rates of success: clavicle 60%, scaphoid 92.8%),	This study focused exclusively on pseudoarthroses, and not necessarily nonunions. Success rates for nonunions (defined by >9 mos) were not separately reported. However, some authors do consider 6 months to be the age for nonunion.  Little statistical analysis on the stratified data. Different bone types had different heal rates, and it would be noteworthy to determine if these differences are significant, and if so, what might account for such differences.

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Frankel VH, Koval KJ, Kummer FJ / Ultrasound treatment of tibial nonunions / submitted to Journal of Bone and Joint	Case Series	Clinically united (no pain upon gentle stress) and radiographically united (3 of	174 cases Average age 43.4 years (18- 69)	Overall, 146/174 (84%) healed	No p-values were presented in the data charts. Unclear why fracture age of
Surgery (British volume) /		4 bridged cortices)	111 male/63 female	Tibia- 111/131 (85%) healed	2 years was chosen as a factor to stratify data.
			Mean fracture age 692 days	Tib/fib- 35/43 (81%) healed	Authors do note that age
			Patients treated 10/94-9/97	Average heal time: 166 days (17-522)	was not a predictor of success.
			Inclusion criteria: -Tibia and tib/fib nonunions	Results stratified based on	Follow-up done in early '98
			<ul><li>-9 months after surgery</li><li>-No surgical intervention</li></ul>	fracture age (<2 or >2 yrs) without statistical	showed 105/146 united cases were still healed.
			within 4 months of treatment	significance.	However, the 41 other cases were lost to follow-up.
			-Radiographic assessment of clean fracture line	Patient age, sex, original	were lost to follow-up.
			Treatment applied for 20	fracture type, and treatment were not significant	
			minutes daily.	predictors of successful treatment.	
				Duration of nonunion prior to treatment and smoking	
				status had a negative effect on treatment success; 63% of	
				nonunions > 3 years	
				duration, and 68% of smokers united.	

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Fujioka H, Tsunoda M, Noda M, Matsui N / Treatment of ununited fracture of the hook of hamate by low-intensity pulsed ultrasound: a case report / The Journal of Hand Surgery / 2000	Case Report	Union as determined by CT and x-ray	18 yo female who had fractured the hook of the hamate in a motorcycle accident	Union of fracture as determined by CT and x-ray.  Grip strength improved (29 kgf)), and area of hamate	There were no previous x-rays to show that healing had ceased. It is unclear whether ultrasound was solely responsible for the
			Pt did not seek treatment for 4 months and grip strength	was not tender.	healing from that point.
	V	was 18 kgf in affected hand (30 kgf in unaffected).		Authors admit that this fracture may be considered a delayed union stating "it is	
			Pt was treated with low-intensity ultraosund (20 min/day) for 4.5 months.		difficult to state whether this case represented a nonunion."

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Gebauer D, Mayr E, Orthner E, Heppenstall RB, McCabe JM, Ryaby J / Pulsed, low-intensity ultrasoundeffects on nonunions / Unpublished study submitted to Journal of Bone and Joint Surgery (US)	Type of Study  Case Series	Clinically healed (no pain or motion upon gentle stress or weightbearing) and Radiographically healed (3 of 4 bridged cortices for long bones and bridging callus for others)	German and Austrian patients (7/95-4/97)  Inclusion: -8 month fracture age -4 months without surgery -Radiographic assessments prior to, and at start of treatment to indicate that healing had stopped for 3 months prior to treatment  67 patients (26 females/41 males) met 8 month and 4 month requirements, but only 48 of those patients had the radiographic validation. Those 48 patients were subset A while the other 19 were subset B.  Mean age=46 years	A1/48 (85%) of subset A healed 16/19 (84%) of subset B healed 57/67 (85%) healed overall.  Self-paired controls were used, and comparison to an assumed heal rate of less than or equal to 5% was significant (p<0.00001) for all groups.  An intention-to-treat analysis (which included all excluded cases) reported a heal rate of 82% (70/85)  Comparisons across gender, age, total failed surgeries, displaced fractures, long	Heal rate may be overestimated because patients that may be difficult to treat were excluded (infections, mal-aligned, unstable fractures).  Though radiographic assessment was used to verify nonunion, a blind reading by an independent radiologist would have improved the study.  Intention-to-treat analysis was not well-described.  No differences based on age- of 8 patients > 65 years of age, all healed.  Differences in healing rates noted for long vs other
			Patients used device for 20 minutes a day for an average of 168 days.  Pregnant patients, and cases that were mal-aligned, actively infected, grossly unstable, or with extensive bone loss were excluded.	bone type, initial frx type, fixation type, prior shockwave therapy, and smoking status were not statistically significant.  Comparisons across nonunion type, long bone vs others, bone type, and prior days without surgery were statistically significant.  Scaphoid and ankle fractures had less than a 50% success rate. Long bones had success rate of 90% vs 69 % for other bones (p=0.05)	bones.  Follow up conducted between 2/98-3/98 showed that all patients were still healed.

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Hadjiargyrou M, McLeod K, Ryaby JP, Rubin C / Enhancement of fracture healing by low intensity ultrasound / Clinical Orthopaedics and Related Research / 1998	Review	NA	NA	NA	The authors do a concise review of the effects of various intensity ultrasound treatments on different aspects of fracture healing. The clinical focus of the review is on delayed union and nonunion, but they also discuss the biologic effects of ultrasound on tissues.
					They note the effect of even small thermal disturbances on some enzymes, the increased calcium incorporation in cartilage and bone cell cultures, and the increased expression of the aggrecan gene. They conclude that ultrasound may offer an advantage because "it does not depend overtly on a singular mechanism or a single phase of the healing process."

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Heppenstall RB, Frey JJ, Ryaby JP, McCabe J / Non-invasive nonunion treatment by pulsed low-intensity ultrasound / Unpublished study presented at the AAOS Annual Meeting / 1999	Case Series	Clinically healed (no pain upon gentle stress or weightbearing) and Radiographically healed (3 of 4 bridged cortices for long bones or callus bridging fracture site for other bones)	593 nonunions 313 core group 280 non-core group Mean age=44 years (7-89) 47% female Patients from Exogen registry (10/17/94-10/17/96) Inclusion criteria: -9 month fracture age Cases then separated into a core and non-core group.  Core group: -min. 3 month interval since last surgical intervention  Non-core group: -all incomplete cases (deceased, still healing, lost to follow up, non-compliant, or withdrawal) -cases with surgery within 3 months  Pregnant patients and spine, skull, and tumor-related nonunions were excluded	80% (249/313) of core group healed. Compared to a self-paired control (assumed less or equal to 5% heal rate), results were significant (p=0.00001)  Non-core group heal rate was 88%.  Statistical comparisons based on gender and age were not significant for either core or non-core group.  A modified intention-to-treat analysis was computed. Because 164 cases were incomplete (deceased, lost to follow up, non-compliant, withdrew), those incomplete cases which had only 30 days or less from start of therapy to outcome were excluded. This left 551 cases in the intention-to-treat group. 351/551 (64%) in this modified ITT group healed. Compared to the 5% null hypothesis, this value was significant (p=0.00001)  Within the core group, non-significant comparisons were reported based on weight, fracture age, total surgical procedures, prior days without surgery, bone type, long bone type, prior electrical stimulation, and smoking	This study offers a more detailed examination of the registry data. The three month requirement for interval since surgery limits the possible effects of surgery performed near the start of ultrasound therapy.  At long-term follow-up (average of 630 days), 204/249 (82%) of core group cases were still healed. The other 45 cases were unable to be contacted.  Authors provide little justification for their modified intention-to-treat analysis. Their approach would overestimate healing rate.

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				status. A significant	
				difference (p=.005) was	
				found for patients with long	
				bone IM rods. Patients with	
				rods had a 66% heal rate vs	
				84% for those without.	
				Other types of fixation were	
				compared and non-	
				significant.	

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Mayr E, Frankel V, Ruter A / Ultrasound- an alternative healing method for nonunions / Archives of Orthoedic Trauma Surgery / 2000	Case Series	Healed fracture. For US patients, healing was determined by individual physicians. For German patients, healing required 3 of 4 bridged cortices in 2 x-ray planes or 80% trabecular bridging of cancellous fractures.	951 delayed unions (91-269 days post-fracture) and 366 nonunions (>270 days post-fracture) from US patient registry  42 German patients with no change of therapy 2 months before treatment and no further change after the initiation of ultrasound treatment	US patients: Nonunions: 86% (314/366) healed  Patients > 71 years had a healing rate of 71%  Results were stratified based on fracture site, prior orthopedic procedure, prescribed medications, comorbities, and smoking status.  Patients on calcium channel blockers showed a healing rate of 67% for nonunions. For all patients, renal disease and vascular insufficiency affected healing rates (76% and 70%)  US results were compared to German results. The German patients had a nonunion healing rate (94%) that was similar to the US rate. Fracture age and healing times were compared and differences were not statistically significant.	The 42 German patients are involved in a more structured study than the patients in the registry. No radiographic documentation is available for the US patients, so the comparison is used to validate the US data. However, this does not necessarily "validate" the data.  Only 16 of the German patients studied had nonunion. Furthermore, statistical comparison was not performed between US and German nonunion heal rates. Article is on nonunion, yet delayed union constitute major portion of German study.  Authors provide little statistical data.  No specific criteria other than fracture age were outlined for the US patients.

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Mayr E, Wagner S, Ecker M, Ruter A / Ultrasound therapy for nonunion (pseudarthrosis) / Unfallchirurg / 1999	Case Report	Complete bony union on x-ray and tomography	1) 45 yo male with right femoral fracture. After multiple failed therapies, ultrasound was started at 41 months. Complete union was noted 8 months later.  2) 63 yo with Monteggia frx of right arm. Ultrasound was tried after frx was considered nonunion. The first tx phase resulted in a callus that did not bridge site; but the position of the device was changed and a bony union was seen less than 2 months later.  3) 47 yo with closed tibial frx. 10 months after a second re-fracture, pt was tx with low-intensity ultrasound for 4 months and showed a complete bony union.	All three patients healed.	No specific criteria were given to define "complete union"  No set criteria were offered for the determination of nonunion.  These three cases are very specific, complicated cases that may not be generalizable to the overall nonunion population.

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Mayr E, Wagner S, Ruter A / Treatment of nonunions by means of low-intensity ultrasound / Der Unfallchirurg / 1997	Case Series	Healed fracture as determined by the individual physician	US patients: 241 nonunions (>270 days post-fracture)	US patients: Nonunion: 83% (201/241) healed	The number of German nonunions is not identified.
			636 delayed unions are also included in the study.	67% of humerus nonunions healed while all other bones were > 80%	Authors compare 29 German patients to US patients but do not report p- values.
			52 German patients with healing disorders (includes both delayed and nonunion). 13 patients were excluded	For the German patients, 93% of nonunions healed.	Other than fracture age, specific inclusion criteria were not included for the
			because they had undergone additional therapy while 4	Comparison of data from German and US patient	US patients.
			dropped out. Only 29 of the remaining 39 completed tx. Those 29 were used as the basis for comparison.	groups showed no statistically significant differences.	Data was stratified according to fracture type, comorbidities, and age. However, complete data was not provided from these
			For German cases, inclusion required comparison to a		analyses.
			radiograph 2 months prior to initiation of ultrasound therapy to ensure that healing had stopped.		No explanation for dropouts. Did not perform an intention-to-treat analysis.

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Moyen B, Mainard D, Azoulai J et al. / The efficacy of treating nonunions with pulsed low-intensity ultrasound / Unpublished study /	Case Series	Clinical healing (no pain upon gentle stress or weightbearing) and Radiographic healing (3 of 4 bridged cortices for long bones and callus bridging the fracture site for other bones)	Inclusion criteria: -6 month frx age -radiographic assessment that healing had not progressed or had stopped  Pregnant patients and spine, skull, or tumor-related fractures were excluded.  Patients in French clinics between 7/95-11/98  52 cases (16 female/36 male) met inclusion/exclusion criteria. 8 patients were incomplete due to withdrawl, loss to follow-up, or non compliance.  20 cases had surgery within 3 months.	Compared to a assumed heal rate of less than or equal to 5%, the heal rate was significant (p=0.00001)  Patients with more than three month interval before treatment had an 88% (21/24) heal rate.  Intention to treat showed 39/52 (75%) healed. This result was also significant when compared to the 5% null hypothesis (p=0.00001)  Stratification of the results based on gender, age were done for completed cases and separately for patients with a minimum of 3 months without surgery before treatment.  None of the results were significant.  For the 44 completed cases, heal rates were compared across frx age, number of surgical procedures, days since last surgery, bone type, long bones vs. others, frx type, type of fixation, smoking status, and nonunion type. None of comparisons were significant.	13/44 completed patients had surgery within one month of treatment. Surgery this close to treatment could affect the healing rate.  34/39 (87%) healed cases were conacted for long term follow up (average of 768 days). All of these cases were still healed.  P value provided only on limited data.

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Nolte PA, van der Krans A, Patka P, et al. / Low-intensity pulsed ultrasound in the treatment of non-union in the Netherlands / unpublished study; submitted to Clinical Orthopaedics /	Case Series	Radiologic healing (3 of 4 bridged cortices for long bones or fracture line bridged by callus) and Clinical healing (weightbearing without pain or normal function of limb)	Patients treated from 11/95-5/97  Inclusion criteria: -6 month fracture. age minimum -Radiographic healing had not progressed or had stopped -3 months since last surgical intervention before treatment.  PIs reviewed x-rays for inclusion  29 (12 females/17 males) cases met all three criteria  Mean age=47 years (18-90)	25/29 (86%) cases healed  Heal rate was significant (p<0.00001) when compared to self-paired control.  Assumed heal rate of control group was 5%.  Intention to treat heal rate was 33/41 (80%)  Heal rates were compared across gender, age, fracture age, interval without surgery, smoking status, and nonunion type. Only the comparison across smoking status yielded a significant result (p=.05).	Intention to treat is misleading because 8 patients were excluded because they had surgery within three months. This recent surgery could have a positive effect on healing.  Review of radiographic evidence by PIs ensures that all cases are meeting similar radiological definitions of nonunion. However, they are not blinded and could be biased towards reading healing on patients using the device.
Rubin C, Bolander M, Ryaby JP, Hadjiargyrou M / THe use of low-intensity ultrasound to accelerae the healing of fractures / Submitted to Journal of Bone and Joint Surgery / 2000	Review	Healed or Failed to heal no criteria specified	-fracture age >270 days -US patients in the Exogen registry that completed ultrasound treatment as of 12/20/99	Results from the registry were as follows:  Nonunions 1054/1246 (85% healed)  Femur (82%), Humerus (72%), Metatarsal (90%), Radius-Ulna (88%), Scaphoid (89%), Tibia/Fibula (85%)	This article is a comprehensive review of both the biological and clinical effects of ultrasound therapy for fractures.  The updated registry data is not statistically compared to a self-paired control. Also, the reasons for incomplete results are not given in the article.